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CONFIRMATION NO. 6785

SERIAL NUMBER 10/764,986	FILING OR 371(c) DATE 01/26/2004 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. ACULSR.036A
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APPLICANTS

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 Luis De Taboada, Carlsbad, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/442,693 01/24/2003
 and claims benefit of 60/487,979 07/17/2003
 and claims benefit of 60/537,190 01/19/2004

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NV	1	23	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20995

TITLE

LOW LEVEL LIGHT THERAPY FOR ENHANCEMENT OF NEUROLOGIC FUNCTION

FILING FEE RECEIVED 737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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